

Charlotte County Tax Collector

Vickie L. Potts

www.cctaxcol.com



Authorization/ Release Affidavit

Owner Information

Vehicle Description

Name of Registered Owner

Title Number

Address

Year and Make

City, State and Zip

Vehicle Identification Number

Phone Number - including area code

I _____ authorize _____ to
receive my title certificate for the above described vehicle.

Under Penalties of perjury I declare that I have read the foregoing document and certify that the statement is true.
I understand that a person who knowingly makes a false declaration is guilty of the crime of perjury by false
written declaration, a felony of the third degree, punishable as provided in Fla. statues 775.082, 775.083 and
775.084

Signature of owner(s)

Date Signed